

**SOCIAL SECURITY ADMINISTRATION STATEMENT
(ANNUAL RECERTIFICATION)**

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 9379, Public Law (P.L.) 92-425, September 21, 1972, 10 U.S.C. §1451, Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol. 7B, Military Pay Policy and Procedures - Retired Pay, Chapter 46.

PRINCIPAL PURPOSE(S): To determine whether to offset the Survivor Benefit Plan (SBP) annuity due to the annuitant being eligible to receive Social Security benefits from the Social Security Administration (SSA).

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. Section 552(a)(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense to the Internal Revenue Service to resolve matters relating to an individual's claim for tax withholding. In addition, other Federal, State, or local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses as published in the Federal Register.

DISCLOSURE: Disclosure is voluntary; however, failure to furnish the requested information may result in the offset of the annuity based on the information currently on file at the Defense Finance and Accounting Service.

PART A - IDENTIFICATION INFORMATION (To be completed by DFAS)

| | |
|---|---------------|
| 1.a. ANNUITANT'S NAME <i>(Last, first, middle initial)</i> | b. SSN |
| 2.a. MEMBER'S NAME <i>(Last, first, middle initial)</i> | b. SSN |

PART B (To be completed by Annuitant/Widow(er))

| | |
|--|----------------------------------|
| 3. STATUS <i>(X one)</i> <input type="checkbox"/> a. I am currently employed. When I stop working I will notify the Defense Finance and Accounting Service (DFAS) within 30 days. <input type="checkbox"/> b. I am currently not employed. | |
| 4. I hereby authorize the Social Security Administration (SSA) to release directly to DFAS any information pertaining to my eligibility for Social Security benefits. This information will be used to properly calculate the Social Security offset. | |
| a. ANNUITANT'S SIGNATURE | b. DATE <i>(YYYYMMDD)</i> |

PART C (To be completed by the Social Security Administration (SSA))

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|---|--|
| 5. The above annuitant is <u>not entitled to receive</u> any Social Security benefits from the deceased spouse's account because of one of the following: <input type="checkbox"/> a. The deceased spouse did not have enough lifetime quarters to qualify for benefits. <input type="checkbox"/> b. The widow(er) is currently employed and has excess earnings (no Social Security benefits payable). <input type="checkbox"/> c. The widow(er) is in receipt of a government pension (not including Social Security or Military Survivor Benefits). <input type="checkbox"/> d. The widow(er) remarried before age 60. | |
| 6. The annuitant <u>receives reduced</u> Social Security benefits due to one of the following: (NOTE: All amounts should represent benefits prior to Medicare deductions.) <input type="checkbox"/> a. Receiving a government (Civil Service, Federal, State, or Local) pension. (NOTE: This is not including Social Security or Military Survivor Benefits) Current year full amount: \$ _____ (Before reduction for government pension.) Current year reduced benefit amount (do not deduct Medicare): \$ _____ Effective date: _____ Prior year full benefit amount: \$ _____ Prior year reduced benefit amount (do not deduct Medicare): \$ _____ Effective date: _____ <input type="checkbox"/> b. Widow(er) is in receipt of Railroad Retirement benefits. <input type="checkbox"/> c. The deceased spouse received non-disability retirement benefits (RIBLIM) between the ages of 62 and 65. Effective date of non-disability benefits to deceased spouse: _____ <input type="checkbox"/> d. The widow(er) is/was employed but does not have excess earnings: Social Security benefit began or will begin on: _____ Full benefit amount: \$ _____ Reduced Social Security benefits (before Medicare): \$ _____ <input type="checkbox"/> e. If the widow(er) only receives Social Security benefits part of the year due to employment, please indicate the period(s) benefits are paid: From: _____ To: _____ From: _____ To: _____ | |

| | | |
|------------------------|----------------------------------|--|
| 7. SSA OFFICIAL | | |
| a. SIGNATURE | b. DATE <i>(YYYYMMDD)</i> | c. TELEPHONE NUMBER <i>(Include Area Code)</i> |

INSTRUCTIONS FOR COMPLETING DD FORM X485

Take this instruction, along with your letter and the DFAS-DE Form XXXX, when requesting completion from the Social Security Administration (SSA).

Part A - Identification Information (to be completed by DFAS).

1. Annuitant's name and Social Security number. The widow/widower's name and Social Security Number.
2. Member's Name: The deceased retiree's name and Social Security Number.

Part B - To be completed by annuitant (widow/widower). Note: Select only one box.

- 3.a. Mark X in the first box, if you are currently working.
- 3.b. Mark X in the second box if you are not working.
4. Annuitant (widow/widower) sign and date authorization for SSA to release information.

Part C - To be completed by the Social Security Administration (SSA).

All information provided should be based on benefits the widow/widower is or would be entitled to from the deceased spouse's Social Security account.

5. Complete this item if the widow/widower is **not entitled to benefits** from the deceased retiree's account (Note: For this purpose, receiving a higher benefit from another Social Security record does not eliminate entitlement to benefits from the deceased retiree, i.e., widow/widower receives a higher benefit based on their own Social Security record.) **Mark only one of the available boxes.**
 - a. Mark X in this box if the deceased spouse did not have enough Social Security earnings to qualify for benefit payments.
 - b. Mark this box if the widow/widower is employed and due to the earnings, no Social Security benefits will be paid for the entire year.
 - c. Mark this box if the widow/widower is in receipt of a government pension and no Social Security benefits are payable because of that pension (not including Social Security or Military Survivor Benefits).
 - d. Mark this box if the widow/widower remarried prior to age 60.
6. Complete this item if the widow/widower receives **reduced** Social Security benefits from the deceased retiree's account (Note: The benefit amount is the entitlement before the deduction for Medicare.) **Mark only one of the available boxes.**
 - a. Mark this box if the widow/widower is in receipt of a government pension and Social Security benefits are reduced because of the pension. The full benefit amount is the amount of Social Security **before** reduction for the government pension. The reduced Social Security benefit amount is the amount **after** reduction for the government pension but before reduction for Medicare.
 - b. Mark this box if the widow/widower is in receipt of Railroad Retirement benefits.
 - c. Mark this box if the deceased spouse received non-disability Social Security benefits between the ages of 62 and 65 (RIBLIM). Be sure the effective date represents the date on which the deceased spouse actually began receiving the Social Security benefits.
 - d. Mark this box if the widow/widower is/was employed with excess earnings and Social Security benefits have now begun or are scheduled to begin. As before, all amounts represent the amount before the reduction for Medicare.
 - e. Complete this item if the widow/widower is employed but still receives Social Security benefits for part of the year. Be sure to indicate actual period that benefits are paid.